

# **APPLICATION DATA SHEET**

## APPLICATION INFORMATION:

Application Number:: 10/020,464
Filing Date:: 11-30-2001
Application Type:: Regular
Subject Matter:: Utility
CD-ROM or CD-R?:: No

Title:: Line 1 Shaped Microparticles For Pulmonary

Line 2 Drug Delivery

Attorney Docket Number:: 12905
Request For Early Publication:: No
Request For Non-Publication?:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 1
Small Entity?:: Yes
Petition Included?:: Yes

Petition Type:: Revive Unintentionally Abandoned Application

Licensed US Govt. Agency:: No Secrecy Order in Parent Apl.?:: No

#### APPLICANT INFORMATION:

Applicant Authority Type:: Inventor #1
Primary Citizenship Country:: U.S.A.
Given Name:: William
Middle Name:: C.

Family Name:: Tacon

Name Suffix::

City of Residence:: Westerville

State or Province of Residence:: Ohio Country of Residence:: U.S.A.

Street of Mailing Address:: 189 Baranof W. City of Mailing Address:: Westerville

State or Province of Mailing Address::
Country of Mailing Address::
U.S.A.
Postal or Zip Code of Mailing Address::
43081

Applicant Authority Type:: Inventor #2
Primary Citizenship Country:: U.S.A.
Given Name:: Anthony

Middle Name:: A.

Family Name:: Boiarski

Name Suffix::

City of Residence:: Hilliard
State or Province of Residence:: Ohio
Country of Residence:: U.S.A.

Street of Mailing Address:: 3494 Scioto Run Boulevard

City of Mailing Address:: Hilliard
State or Province of Mailing Address:: Ohio
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 43026

Applicant Authority Type:: Inventor #3
Primary Citizenship Country:: U.S.A.
Given Name:: Carl
Middle Name:: F.
Family Name:: Grove

Name Suffix::

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City of Residence:: Upper Arlington

State or Province of Residence:: Ohio Country of Residence:: U.S.A.

Street of Mailing Address:: 2645 Fairfax Avenue City of Mailing Address:: Upper Arlington

State or Province of Mailing Address:: Ohio
Country of Mailing Address:: U.S.A.
Postal or Zip Code of Mailing Address:: 43220

Applicant Authority Type:: Inventor #4
Primary Citizenship Country:: U.S.A.
Given Name:: Richard
Middle Name:: S.
Family Name:: Brody

Name Suffix::

City of Residence:: Worthington

State or Province of Residence:: Ohio Country of Residence:: U.S.A.

Street of Mailing Address:: 6775 Alloway Street

City of Mailing Address:: Worthington

State or Province of Mailing Address::

Country of Mailing Address::

U.S.A.

Postal or Zip Code of Mailing Address::

43085

### OLD CORRESPONDENCE INFORMATION:

Correspondence Customer Number::

Name:: Battelle Pulmonary Therapeutics, Inc.

Street of Mailing Address: 1801-Watermark-Drive

City of Mailing Address:

Columbus

State or Province of Mailing Address:

<del>Ohio</del>

Country of Mailing Address::

U.S.A.

Postal or Zip Code of Mailing Address::

43215

Phone Number:: Fax Number:: E-Mail Address::

# NEW CORRESPONDENCE INFORMATION:

Correspondence Customer Number::

24116

Name::

Battelle Memorial Institute

Street of Mailing Address:

505 King Avenue

City of Mailing Address:
State or Province of Mailing Address:

Columbus Ohio

Country of Mailing Address::

U.S.A.

Postal or Zip Code of Mailing Address::

43201-2693

Phone Number::

614-424-5612

Fax Number:

614-424-3864

E-Mail Address::

richardsw@battelle.org

#### DOMESTIC PRIORITY INFORMATION

Application::	Continuity Type::	Parent Application::	Parent Filing Date
60/250,717	Parent Application	NA	12-01-00

## ASSIGNMENT INFORMATION

1. Assignee Name::

Battelle Memorial Institute

Street of Mailing Address::

505 King Avenue

City of Mailing Address::

Columbus

State or Province of Mailing Address::

Ohio

Country of Mailing Address::

U.S.A.

Postal or Zip Code of Mailing Address::

43201-2693

2. Assignee Name::

Imedd, Inc.

Street of Mailing Address:: City of Mailing Address::

1224 Kinnear Road, Suite 130

City of Maning Madress.

Columbus

State or Province of Mailing Address::

Ohio

Country of Mailing Address::

U.S.A.

Postal or Zip Code of Mailing Address::

43212